

# INSTRUCTIONS

## DIVORCE WITHOUT CHILDREN AND WITH AN AGREEMENT ON ALL ISSUES

STATE OF INDIANA ) IN THE PRINT THE NAME OF THE  
COUNTY WHERE YOU ARE  
FILING THESE PAPERS SUPERIOR/CIRCUIT COURT  
COUNTY OF PRINT THE NAME OF THE  
COUNTY WHERE YOU ARE  
FILING THESE PAPERS ) SS: CASE NO. \_\_\_\_\_

IN RE THE \_\_\_\_\_ OF:

PRINT YOUR CURRENT FULL NAME.  
YOU ARE THE PETITIONER

Petitioner,

V.

PRINT YOUR SPOUSE'S FULL NAME.  
HE/SHE IS THE RESPONDENT

Respondent.

### APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

**This Appearance Form must be filed on behalf of every party in a civil case.**

1. My Name is: \_\_\_\_\_ PRINT YOUR FULL NAME \_\_\_\_\_ and I am

Initiating (filing) CHECK HERE

Responding (answering or defending) \_\_\_\_\_; or

Intervening \_\_\_\_\_;

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: PRINT YOUR FULL ADDRESS \_\_\_\_\_

Email Address: PRINT YOUR EMAIL ADDRESS \_\_\_\_\_

Phone: PRINT YOUR PHONE NUMBER \_\_\_\_\_

FAX: PRINT YOUR FAX NUMBER \_\_\_\_\_

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

IF YOU USE A  
CONFIDENTIAL  
ADDRESS  
THROUGH THE  
OFFICE OF THE  
ATTORNEY  
GENERAL,  
CHECK HERE

{ \_\_\_\_\_ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a LEAVE BLANK case type as defined in administrative Rule 8(B)(3).  
(Clerk will supply this information.)

4. I will accept service by FAX at the following number IF YOU HAVE A FAX NUMBER WHERE YOU WANT  
TO RECEIVE COURT PAPERS, PRINT IT HERE \_\_\_\_\_

# INSTRUCTIONS

## DIVORCE WITHOUT CHILDREN AND WITH AN AGREEMENT ON ALL ISSUES

5. This case is a domestic relations matter, involves Uniform Reciprocal Enforcement of support (URES), paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

\_\_\_\_\_ Yes CHECK HERE No

6. There are related cases: Yes \_\_\_\_\_ No \_\_\_\_\_ *(If yes, please indicate below.)* } IF THERE ARE OTHER COURT CASES INVOLVING YOURSELF, YOUR SPOUSE, AND/OR YOUR CHILD(REN). CHECK "YES"; OTHERWISE, CHECK "NO"

Caption and case number of related cases:

IF YOU CHECKED "NO" FOR #6, SKIP. IF YOU CHECKED "YES" FOR #6, PRINT THE CAPTION AND CASE NUMBER FOR EACH RELATED CASE  
Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

7. Additional information required by local rule:

IF NECESSARY, PRINT ADDITIONAL INFORMATION REQUIRED BY YOUR COUNTY'S LOCAL RULES

SIGN YOUR NAME  
Self-Represented Party

# INSTRUCTIONS

## DIVORCE WITHOUT CHILDREN AND WITH AN AGREEMENT ON ALL ISSUES

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
Petitioner,

V.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT  
THE APPEARANCE YOU JUST FILLED OUT AND PRINT THE  
INFORMATION HERE AS IT APPEARS ON THE APPEARANCE

\_\_\_\_\_  
Respondent.

### VERIFIED PETITION FOR DISSOLUTION OF MARRIAGE

The Petitioner, \_\_\_\_\_ PRINT YOUR FULL NAME \_\_\_\_\_, now states:

1. Petitioner and Respondent were married on \_\_\_\_\_ PRINT THE DAY, MONTH AND YEAR THAT YOU WERE MARRIED \_\_\_\_\_, and separated on \_\_\_\_\_ PRINT THE MONTH AND YEAR THAT YOU SEPARATED \_\_\_\_\_.
2. \_\_\_\_\_ PRINT THE NAME OF THE PERSON (EITHER YOU OR YOUR SPOUSE) WHO HAS LIVED IN THE COUNTY FOR THE LAST THREE MONTHS. \_\_\_\_\_ has been a continuous resident of \_\_\_\_\_ PRINT THE NAME OF THE COUNTY WHERE YOU ARE FILING THESE PAPERS \_\_\_\_\_ County for the last 3 months.
3. \_\_\_\_\_ PRINT THE NAME OF THE PERSON (EITHER YOU OR YOUR SPOUSE) WHO HAS LIVED IN THE STATE OF INDIANA FOR THE LAST SIX MONTHS. \_\_\_\_\_ has been a continuous resident of the State of Indiana for the last 6 months.
4. There are no children of the marriage and the Wife is not pregnant.
5. Debts and property:

There \_\_\_\_\_ real estate } IF THERE IS REAL ESTATE, WRITE "IS".  
IF THERE IS NO REAL ESTATE, WRITE "IS NOT".

IF THERE ARE NO DEBTS OR PROPERTY TO DIVIDE, CHECK THE FIRST BOX. IF THERE IS PROPERTY THAT YOUR SPOUSE HAS THAT YOU WANT OR DEBTS THAT YOU THINK YOUR SPOUSE SHOULD PAY, CHECK THE SECOND BOX AND LIST THE ITEMS.

- ☐ There are no debts / personal property to divide.
- ☐ Petitioner wishes the Court to divide the following debts / personal property:
- a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_

6. Neither party is a member of the military.
7. This marriage has suffered an irretrievable breakdown and should be dissolved.

# INSTRUCTIONS

## DIVORCE WITHOUT CHILDREN AND WITH AN AGREEMENT ON ALL ISSUES

### 8. Change of name:

IF YOU ARE THE  
HUSBAND, YOU  
MUST LEAVE THIS  
BLANK. IF YOU ARE  
THE WIFE, CHECK  
THE APPROPRIATE  
BOX

☐ Wife would like her former name of \_\_\_\_\_ restored to her.

☐ Wife does not want to change her name.

I request that this Court issue its order dissolving the marriage of the parties, and for all other just and proper relief.

I affirm under the penalties of perjury that the foregoing representations are true.

SIGN YOUR NAME \_\_\_\_\_

Signature

PRINT YOUR FULL NAME \_\_\_\_\_

PRINT YOUR STREET ADDRESS \_\_\_\_\_

PRINT YOUR CITY, STATE AND ZIP CODE \_\_\_\_\_

# INSTRUCTIONS

## DIVORCE WITHOUT CHILDREN AND WITH AN AGREEMENT ON ALL ISSUES

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
Petitioner,

V.

\_\_\_\_\_  
Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT  
THE APPEARANCE YOU JUST FILLED OUT AND PRINT THE  
INFORMATION HERE AS IT APPEARS ON THE APPEARANCE

---

### VERIFIED WAIVER OF FINAL HEARING

Come now Petitioner and Respondent pursuant to Ind. Code 31-1-11.5-8 and submit their  
Verified Waiver of Final Hearing. In support of this Waiver, the parties state that:

1. More than sixty (60) days have elapsed since the filing of Petitioner's Verified Petition for  
Dissolution of Marriage;
2. Both parties request the Court to approve their Settlement Agreement and Decree of Dissolution  
of Marriage.
3. Both parties voluntarily waive the opportunity to hold a final hearing on contested issues.

I affirm under the penalties of perjury that the foregoing representations are true.

SIGN YOUR NAME

\_\_\_\_\_  
Your Signature

PRINT YOUR FULL NAME

\_\_\_\_\_  
PRINT YOUR STREET ADDRESS

\_\_\_\_\_  
PRINT YOUR CITY, STATE AND ZIP CODE

SPOUSE SIGN HIS/HER NAME

\_\_\_\_\_  
Spouse's Signature

SPOUSE PRINT HIS/HER FULL NAME

\_\_\_\_\_  
SPOUSE PRINT HIS/HER STREET ADDRESS

\_\_\_\_\_  
SPOUSE PRINT HIS/HER CITY, STATE AND ZIP CODE

# INSTRUCTIONS

## DIVORCE WITHOUT CHILDREN AND WITH AN AGREEMENT ON ALL ISSUES

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
COUNTY OF \_\_\_\_\_ ) SS:  
CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
Petitioner,

V.

\_\_\_\_\_  
Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT  
THE APPEARANCE YOU JUST FILLED OUT AND PRINT THE  
INFORMATION HERE AS IT APPEARS ON THE APPEARANCE

FILL OUT THE REST OF THE FORM AS TO YOU AND YOUR SPOUSE'S  
AGREEMENT. COMPLETE ANY BLANKS THAT REQUIRE INFORMATION.

---

### DECREE OF DISSOLUTION OF MARRIAGE AND SETTLEMENT AGREEMENT

The parties having submitted their Settlement Agreement and the Court having seen and considered the Verified Petition for Dissolution of Marriage and Verified Waiver of Final Hearing submitted by the parties, now approves the following agreement:

1. The parties were married on \_\_\_\_\_, and separated on \_\_\_\_\_.
2. \_\_\_\_\_ has been a continuous resident of \_\_\_\_\_ County for the last three months, and the State of Indiana for the last six months prior to the filing of the Verified Petition for Dissolution of Marriage.
3. Wife is not pregnant and there are no children of the marriage.
4. Neither party is a member of the military.
5. The parties have agreed on the following debt division:  
☐ The parties already have divided their debts.  
☐ Petitioner will be solely responsible for and shall hold Respondent harmless from, the following debts:

*Name of Creditor*

*Amount of Debt*

_____	_____
_____	_____
_____	_____

# INSTRUCTIONS

## DIVORCE WITHOUT CHILDREN AND WITH AN AGREEMENT ON ALL ISSUES

- ☐ Respondent will be solely responsible for, and shall hold Petitioner harmless from the following debts:

*Name of Creditor*

*Amount of Debt*

_____	_____
_____	_____
_____	_____

6. The parties have agreed on the following vehicle division:

- ☐ There are no vehicles to divide.
- ☐ Petitioner will have sole possession of the following vehicles, and Respondent shall execute all documents necessary to transfer title of said vehicles within thirty (30) days of the date of this Order:

\_\_\_\_\_  
*Vehicle #1, Make, Model, and Year*

\_\_\_\_\_  
*Vehicle #2, Make, Model, and Year*

- ☐ Respondent will have sole possession of the following vehicles, and Petitioner shall execute all documents necessary to transfer title of said vehicles within thirty (30) days of the date of this Order:

\_\_\_\_\_  
*Vehicle #1, Make, Model, and Year*

\_\_\_\_\_  
*Vehicle #2, Make, Model, and Year*

7. The parties have agreed on the following property division:

- ☐ The parties already have divided all items of property.
- ☐ Petitioner will have sole possession of the following items of property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Respondent will have sole possession of the following items of property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# INSTRUCTIONS

## DIVORCE WITHOUT CHILDREN AND WITH AN AGREEMENT ON ALL ISSUES

8. The marriage has suffered an irretrievable breakdown and should be dissolved.

9. Change of names:

☐ Wife would like her maiden name or previous married name of \_\_\_\_\_

restored to her.

☐ Wife does not want to change her name.

The parties have disclosed all relevant documents and exchanged all information on value of property, pensions, real estate, and other assets and debts. The parties agree that this division of property is/is not an approximate equal division of the assets and debts. The parties agree that if this division is not a nearly equal division, that the deviation from the presumptive equal division should be accepted by the Court because it is the parties' agreement and neither party has been forced or threatened to accept this agreement.

I affirm under the penalties of perjury that the foregoing representations are true.

**SIGN YOUR NAME AND PRINT YOUR FULL NAME IN FRONT OF A LICENSED NOTARY PUBLIC.**

Your Signature \_\_\_\_\_

STATE OF INDIANA )

)

THE NOTARY PUBLIC WHO WITNESSED  
YOUR SIGNATURE WILL FILL OUT THESE  
BLANKS.

COUNTY OF \_\_\_\_\_ )

Before me, \_\_\_\_\_, a notary public in and for \_\_\_\_\_ County, State of Indiana, personally appeared \_\_\_\_\_, and he being first duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Date \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

\_\_\_\_\_

**YOUR SPOUSE SIGN HIS/HER NAME AND PRINT HIS/HER FULL NAME IN FRONT OF A LICENSED NOTARY PUBLIC.**

Spouse's Signature \_\_\_\_\_

STATE OF INDIANA )

)

THE NOTARY PUBLIC WHO WITNESSED  
YOUR SPOUSE'S SIGNATURE WILL FILL OUT  
THESE BLANKS.

COUNTY OF \_\_\_\_\_ )

Before me, \_\_\_\_\_, a notary public in and for \_\_\_\_\_ County, State of Indiana, personally appeared \_\_\_\_\_, and he being first duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Date \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

\_\_\_\_\_



# INSTRUCTIONS

## DIVORCE WITHOUT CHILDREN AND WITH AN AGREEMENT ON ALL ISSUES

**IT IS THEREFORE ORDERED** by the Court that the parties' marriage is hereby dissolved, and the terms of their agreement as set out above shall be incorporated into this Order.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Distribution:

PRINT YOUR FULL NAME

PRINT YOUR STREET ADDRESS

PRINT YOUR CITY, STATE AND ZIP CODE

PRINT YOUR SPOUSE'S FULL NAME

PRINT YOUR SPOUSE'S STREET ADDRESS

PRINT YOUR SPOUSE'S CITY, STATE AND ZIP CODE

# INSTRUCTIONS

## DIVORCE WITHOUT CHILDREN AND WITH AN AGREEMENT ON ALL ISSUES

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
Petitioner,

V.

\_\_\_\_\_  
Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT  
THE APPEARANCE YOU JUST FILLED OUT AND PRINT THE  
INFORMATION HERE AS IT APPEARS ON THE APPEARANCE

### SUMMONS

[For Dissolution of Marriage Cases Only]

The State of Indiana to Respondent: PRINT YOUR SPOUSE'S FULL NAME \_\_\_\_\_  
PRINT YOUR SPOUSE'S STREET ADDRESS \_\_\_\_\_  
PRINT YOUR SPOUSE'S CITY, STATE AND ZIP CODE \_\_\_\_\_

You have been sued by your spouse for dissolution of your marriage. The case is pending in the Court named above.

In order to participate in the proceedings, you must enter a written appearance in person or by your attorney. In the event you do not enter a written appearance within sixty (60) days of the date hereof, your marriage can be dissolved by Decree of the Court by default. In the event a Decree is entered by default, it may contain a judgment against you and provisions regarding the distribution of assets and payment of debts. The Decree may also require you to take actions or refrain from actions in order to carry out the terms of the Court's Decree. If you do not enter a written appearance, you will receive no further notice of these proceedings.

If you wish to countersue, you must do so by written petition filed herein not more than sixty (60) days from the date hereof.

Dated: \_\_\_\_\_

Clerk, \_\_\_\_\_ County

The following manner of Service of Summons is hereby designated:

DESIGNATE  
HOW YOU  
WANT YOUR  
SPOUSE TO  
BE SERVED.  
THERE IS AN  
ADDITIONAL  
CHARGE FOR  
SERVICE BY  
SHERIFF, TALK  
TO CLERK  
ABOUT AMOUNT  
YOU WILL BE  
CHARGED

- ☐ Registered / Certified Mail to be sent by the Clerk  
☐ Service by Sheriff on Individual at address shown above  
☐ Service by Sheriff at place of employment, **(name and address of spouse's employer):**

\_\_\_\_\_

# INSTRUCTIONS

## DIVORCE WITHOUT CHILDREN AND WITH AN AGREEMENT ON ALL ISSUES

### SHERIFF'S RETURN OF SERVICE OF SUMMONS

I hereby certify that I have served this summons on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_:

1. By delivering a copy of the Summons and a copy of the complaint to the Respondent identified on the first page of Summons.

2. By leaving a copy of the Summons and a copy of the complaint at \_\_\_\_\_, which is the dwelling place or usual place of abode of \_\_\_\_\_ and by mailing a copy of the Summons to the Respondent at the above address.

3. Other Service or Remarks: \_\_\_\_\_

\_\_\_\_\_  
Sheriff's Costs

\_\_\_\_\_  
Sheriff

By: \_\_\_\_\_

\_\_\_\_\_  
Deputy

### CLERK'S CERTIFICATE OF MAILING

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I mailed a copy of this Summons and a copy of the Petition to the Respondent identified on the first page of the Summons by (registered or certified mail), [ ] requesting a return receipt, at the address provided by the Petitioner.

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Clerk, \_\_\_\_\_ County

By: \_\_\_\_\_

\_\_\_\_\_  
Deputy

### RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that the attached receipt was received by me showing that the Summons and a copy of the Complaint mailed to the Respondent identified on the 1<sup>st</sup> page of this Summons was accepted by the Respondent on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint was returned not accepted on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint mailed to the Respondent identified on the 1<sup>st</sup> page of this Summons was accepted by \_\_\_\_\_ on behalf of the Respondent on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk, \_\_\_\_\_ County

By: \_\_\_\_\_

\_\_\_\_\_  
Deputy

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_  
IN RE THE \_\_\_\_\_ OF:

\_\_\_\_\_  
Petitioner,

V.

\_\_\_\_\_  
Respondent.

**APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE**

**This Appearance Form must be filed on behalf of every party in a civil case.**

1. My Name is: \_\_\_\_\_ and I am

Initiating (filing) \_\_\_\_\_;

Responding (answering or defending) \_\_\_\_\_; or

Intervening \_\_\_\_\_;

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: \_\_\_\_\_

\_\_\_\_\_  
Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

\_\_\_\_ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a \_\_\_\_\_ case type as defined in administrative Rule 8(B)(3).  
*(Clerk will supply this information.)*

4. I will accept service by FAX at the following number \_\_\_\_\_

5. This case is a domestic relations matter, involves Uniform Reciprocal Enforcement of support (URESAs), paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

6. There are related cases: Yes\_\_\_\_\_ No \_\_\_\_\_ (If yes, please indicate below.)

Caption and case number of related cases:

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

7. Additional information required by local rule:

\_\_\_\_\_

\_\_\_\_\_  
Self-Represented Party

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
Petitioner,

V.

\_\_\_\_\_  
Respondent.

**VERIFIED PETITION FOR DISSOLUTION OF MARRIAGE**

The Petitioner, \_\_\_\_\_, now states:

1. Petitioner and Respondent were married on \_\_\_\_\_, and separated on \_\_\_\_\_.
2. \_\_\_\_\_ has been a continuous resident of \_\_\_\_\_ County for the last 3 months.
3. \_\_\_\_\_ has been a continuous resident of the State of Indiana for the last 6 months.
4. There are no children of the marriage and the Wife is not pregnant.
5. Debts and property:  
  
There \_\_\_\_\_ real estate  
  
☐ There are no debts / personal property to divide.  
  
☐ Petitioner wishes the Court to divide the following debts / personal property:  
  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_
6. Neither party is a member of the military.
7. This marriage has suffered an irretrievable breakdown and should be dissolved.

8. Change of name:

☐ Wife would like her former name of \_\_\_\_\_ restored to her.

☐ Wife does not want to change her name.

I request that this Court issue its order dissolving the marriage of the parties, and for all other just and proper relief.

I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
Petitioner,

V.

\_\_\_\_\_  
Respondent.

**VERIFIED WAIVER OF FINAL HEARING**

Come now Petitioner and Respondent pursuant to Ind. Code 31-1-11.5-8 and submit their  
Verified Waiver of Final Hearing. In support of this Waiver, the parties state that:

1. More than sixty (60) days have elapsed since the filing of Petitioner's Verified Petition for  
Dissolution of Marriage;
2. Both parties request the Court to approve their Settlement Agreement and Decree of Dissolution  
of Marriage.
3. Both parties voluntarily waive the opportunity to hold a final hearing on contested issues.

I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
Petitioner,

V.

\_\_\_\_\_  
Respondent.

**DECREE OF DISSOLUTION OF MARRIAGE AND SETTLEMENT AGREEMENT**

The parties having submitted their Settlement Agreement and the Court having seen and considered the Verified Petition for Dissolution of Marriage and Verified Waiver of Final Hearing submitted by the parties, now approves the following agreement:

1. The parties were married on \_\_\_\_\_, and separated on \_\_\_\_\_.
2. \_\_\_\_\_ has been a continuous resident of \_\_\_\_\_ County for the last three months, and the State of Indiana for the last six months prior to the filing of the Verified Petition for Dissolution of Marriage.
3. Wife is not pregnant and there are no children of the marriage.
4. Neither party is a member of the military.
5. The parties have agreed on the following debt division:
  - ☐ The parties already have divided their debts.
  - ☐ Petitioner will be solely responsible for and shall hold Respondent harmless from, the following debts:

**Name of Creditor**

**Amount of Debt**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ Respondent will be solely responsible for, and shall hold Petitioner harmless from the following debts:

***Name of Creditor***

***Amount of Debt***

_____	_____
_____	_____
_____	_____

6. The parties have agreed on the following vehicle division:

- ☐ There are no vehicles to divide.
- ☐ Petitioner will have sole possession of the following vehicles, and Respondent shall execute all documents necessary to transfer title of said vehicles within thirty (30) days of the date of this Order:

\_\_\_\_\_  
***Vehicle #1, Make, Model, and Year***

\_\_\_\_\_  
***Vehicle #2, Make, Model, and Year***

- ☐ Respondent will have sole possession of the following vehicles, and Petitioner shall execute all documents necessary to transfer title of said vehicles within thirty (30) days of the date of this Order:

\_\_\_\_\_  
***Vehicle #1, Make, Model, and Year***

\_\_\_\_\_  
***Vehicle #2, Make, Model, and Year***

7. The parties have agreed on the following property division:

- ☐ The parties already have divided all items of property.
- ☐ Petitioner will have sole possession of the following items of property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Respondent will have sole possession of the following items of property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. The marriage has suffered an irretrievable breakdown and should be dissolved.

9. Change of names:

☐ Wife would like her maiden name or previous married name of \_\_\_\_\_

restored to her.

☐ Wife does not want to change her name.

The parties have disclosed all relevant documents and exchanged all information on value of property, pensions, real estate, and other assets and debts. The parties agree that this division of property is/is not an approximate equal division of the assets and debts. The parties agree that if this division is not a nearly equal division, that the deviation from the presumptive equal division should be accepted by the Court because it is the parties' agreement and neither party has been forced or threatened to accept this agreement.

I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
Your Signature

STATE OF INDIANA                    )  
  )     SS:  
COUNTY OF \_\_\_\_\_        )

Before me, \_\_\_\_\_, a notary public in and for \_\_\_\_\_ County, State of Indiana, personally appeared \_\_\_\_\_, and he being first duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Date \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:  
\_\_\_\_\_

\_\_\_\_\_  
Spouse's Signature

STATE OF INDIANA                    )  
  )     SS:  
COUNTY OF \_\_\_\_\_        )

Before me, \_\_\_\_\_, a notary public in and for \_\_\_\_\_ County, State of Indiana, personally appeared \_\_\_\_\_, and he being first duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Date \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:  
\_\_\_\_\_

**IT IS THEREFORE ORDERED** by the Court that the parties' marriage is hereby dissolved, and the terms of their agreement as set out above shall be incorporated into this Order.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Distribution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
Petitioner,

V.

\_\_\_\_\_  
Respondent.

**SUMMONS**

[For Dissolution of Marriage Cases Only]

The State of Indiana to Respondent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have been sued by your spouse for dissolution of your marriage. The case is pending in the Court named above.

In order to participate in the proceedings, you must enter a written appearance in person or by your attorney. In the event you do not enter a written appearance within sixty (60) days of the date hereof, your marriage can be dissolved by Decree of the Court by default. In the event a Decree is entered by default, it may contain a judgment against you and provisions regarding the distribution of assets and payment of debts. The Decree may also require you to take actions or refrain from actions in order to carry out the terms of the Court's Decree. If you do not enter a written appearance, you will receive no further notice of these proceedings.

If you wish to countersue, you must do so by written petition filed herein not more than sixty (60) days from the date hereof.

Dated: \_\_\_\_\_  
Clerk, \_\_\_\_\_ County

The following manner of Service of Summons is hereby designated:

- ☐ Registered / Certified Mail to be sent by the Clerk
- ☐ Service by Sheriff on Individual at address shown above
- ☐ Service by Sheriff at place of employment, **(name and address of spouse's employer):**

\_\_\_\_\_

### SHERIFF'S RETURN OF SERVICE OF SUMMONS

I hereby certify that I have served this summons on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_:

1. By delivering a copy of the Summons and a copy of the complaint to the Respondent identified on the first page of Summons.

2. By leaving a copy of the Summons and a copy of the complaint at \_\_\_\_\_, which is the dwelling place or usual place of abode of \_\_\_\_\_ and by mailing a copy of the Summons to the Respondent at the above address.

3. Other Service or Remarks: \_\_\_\_\_

\_\_\_\_\_  
Sheriff's Costs

\_\_\_\_\_  
Sheriff

By: \_\_\_\_\_

Deputy

### CLERK'S CERTIFICATE OF MAILING

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I mailed a copy of this Summons and a copy of the Petition to the Respondent identified on the first page of the Summons by (registered or certified mail), [ ] requesting a return receipt, at the address provided by the Petitioner.

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Clerk, \_\_\_\_\_ County

By: \_\_\_\_\_

Deputy

### RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that the attached receipt was received by me showing that the Summons and a copy of the Complaint mailed to the Respondent identified on the 1<sup>st</sup> page of this Summons was accepted by the Respondent on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint was returned not accepted on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint mailed to the Respondent identified on the 1<sup>st</sup> page of this Summons was accepted by \_\_\_\_\_ on behalf of the Respondent on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk, \_\_\_\_\_ County

By: \_\_\_\_\_

Deputy